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PART B - FEE(S) TRANSMITTAL

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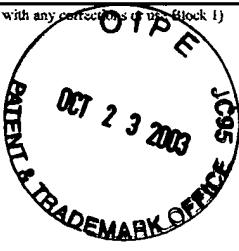
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John Brown	(Depositor's name)
	(Signatures)
10-21-03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/663,656	09/18/2000	Paul L. Dong	3644P2209	3803

TITLE OF INVENTION: ASIAN ENERGY SOUP AND METHOD THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	01/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BHAT, NINA NMN	1761	426-589000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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Jeffrey D. Moy

Harry M. Weiss

Weiss, Moy & Harris, P.C.

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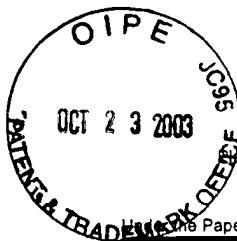
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	09 / 663,656
	Filing Date	9-18-00
	First Named Inventor	Dong
	Group Art Unit	1761
	Examiner Name	Bhat
Total Number of Pages in This Submission	2	Attorney Docket Number 3644P2209

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below): xx
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name Weiss, Moy & Harris, P.C.
 Jeffrey D. Moy

Signature

Date

10-21-03

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Joan Brown

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Date

10-21-03

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